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NATIONAL PROGRAMME FOR DEPARTMENTS OF SCHOOL HYGIENE.

BY WILLIAM H. ALLEN.

ON the opening day of school in September, 1907, the daily press of the United States published stories regarding the home conditions of 1,400 out of 160,000 New York children found by school physicians to have defects of vision, breathing, hearing, nutrition, etc. Unless the children of Manhattan are different from other children in the country, it was estimated that an examination would find 12,000,000 in need of dental, medical, ocular care or better nourishment. The defects would be distributed approximately as follows: malnutrition, 1,248,000; enlarged glands, 5,460,000; swollen tonsils and adenoids, 7,092,000; bad teeth, 8,988,000. Accompanying these figures was the statement that the term "physical deterioration of school children" was a misnomer, and that the only new thing about these defects was the recently awakened interest in them. Notwithstanding the conservative, constructive character of the report made by the Committee on Physical Welfare of School Children, as the result of a year's scientific study, shrieking head-lines were made to sound an alarm—"Millions Diseased," "12,000,000 Defective School Children," "Millions Unfit for Schooling." Editorials followed, some using the superlatives of sensation, while others cynically poked fun at "statisticians with whom one swallow makes a summer." The majority, however, treated the situation gravely, wresting from the announcement three clear messages: (1) Beware of the bogie Socialism; (2) "cheat the hospitals, poorhouses and insane asylums of the future" by giving at school free meals, free eye-glasses, free shoes, free medical care; (3) let every parent, teacher, school superintendent and health officer set about to remove conditions that produce physical defects.

The battle will be waged for years to come. Do-nothingism is already unhorsed. The issue lies between the second and third points of view, between doing and getting done. The outcome will depend upon the persistence with which are presented such significant facts and practical conclusions as those summarized in the report that precipitated the discussion.

But are there really 12,000,000 school children who need medical, dental, ocular care or better nourishment? Do physical defects universally hamper school progress? Is it probable that considerable numbers of children reared on farms and in small towns have the defects found in 225 schools of Manhattan? Exact numbers and proportions nobody knows. We do know that mouth-breathing, headaches, nervousness, dizziness, constipation, ear trouble, weak eyes, decayed teeth, prolonged colds and infection, wherever they exist, reduce vitality and power to assimilate either food or instruction. The chances are that, in any class of thirty boys and girls, twenty need care not yet given, two will be under-nourished, nine will have enlarged glands, twelve will have adenoids or enlarged tonsils, or both; while practically all will need dental care, from fifteen to twenty will be in serious need of such care. Though special training is required to trace defects back to causes, a casual scrutiny of the average class, whether in country or city, will enable even pupils themselves to pick out those children who are "different," "queer" or "dopey." But the question whether the proportion of children needing attention is two out of three, four out of seven, or nine out of ten is a detail. The fact of facts is that in every school, whether among the tamaracks of upper Michigan, or the elms of Boston, such need of attention to school children exists. Just who and how many these children are, to just what extent backwardness, truancy, "dropping out" and industrial inefficiency are due to hitherto neglected defects, it should be made the school's business to determine.

That physical defects recognize no limits of geography, race and income is illustrated by Freddie L. and his classmates of good American stock. They live at the seashore. Throughout their twelve years they have lived in a veritable Eldorado of health and nature beauty. Groves and grains and dune flora vie with the blues of ocean and sky in resting the eye, and in preparing the soul for that harmony that is said to make for sound living.

Yet, to a child, Freddie's friends are experts on patent medicines and on the heredity that is alleged to be responsible for bad temper, running sores, anæmia and weak eyes. Freddie is particularly favored. His well-to-do parents have supplied him with ponies and games and bicycles. Nothing prevents his breathing salt air fresh from the North Pole, but hermetically sealed windows. The father thinks it absurd to make a fuss over adenoids. Didn't he have them and doesn't he weigh 200 pounds and "make good money"? The mother "never heard tell" of operations when she taught school, supposes her boy needs one, but "just can't bear to see the dear child hurt." As for Freddie, he breathes through his mouth, talks through his nose, grows indifferent to boys' fun, fails of promotion in school, and fears that he "won't be strong in spite of all the patent medicines I've taken." Father, mother and Freddie feel profound pity for the child of poverty in a New York flat.

Freddie also illustrates the second general set of facts reported for New York children. Few of the physical defects of school children can be corrected by nourishment alone; the cause of eye trouble is often not reached by eye-glasses. Europeans have mistakenly tried to cure adenoids, eye strain, malnutrition by giving a school meal without correcting bad ventilation, decayed teeth, improper home feeding, hurried and irregular eating, unhygienic habits. The best diet in the world will prove ineffective if tonsils, adenoids and bad teeth once get a good start. They do get the start on the avenue as well as in the alley. They have a start with Freddie that food cannot check. Of the children reported for malnutrition, only 145 out of 1,400—less than one-seventh—had home incomes of ten dollars a week or less, while one-third had over twenty dollars a week. The chief difference that is reported between the very poor and the comfortably situated is that a larger proportion of the latter refused to believe that their children could have any ailments.

Thirdly, children's physical defects are, in general, traceable to methods of eating rather than to quantity or character of food, and not so much to food as to decayed teeth, and unsanitary school and home conditions. The New York figures undoubtedly—so experts declare—understate the number of children needing dental care. As used in New York, "bad teeth" means large and numerous cavities that decrease power to digest and that

furnish fertile breeding-ground for disease germs. Here, again, there seems no reason to believe that country children are more favored than slum children. In fact, the city child, however poor, is even nearer to a dentist and to hospital and dispensary treatment than the child of the cross-roads, the small town or even the rich suburb. The country over, "baby" teeth are allowed to rot themselves loose, thus frequently infecting the second teeth. Permanent teeth receive little, if any, attention until after school age. This fact is of importance, because a large part of the defects so far discovered could result from neglect of teeth. Several German cities make a great point of compelling attention to teeth of school children; and certain insurance companies save death premiums by giving free dental care to policy-holders. The New York Children's Aid Society organized a short time ago a dental clinic-school where, under the leadership of Herbert L. Wheeler, D.D.S., twenty pioneer dentist-teachers have set out to convince the poor that dentistry is a profession for preventing, not merely for decorating, holes in the teeth. As for unsanitary school conditions, New York and sister cities have no apologies to make to rural districts. Unadjustable desks, dry sweeping, feather dusters, shiny blackboards, harassing discipline that wrecks nerves, excessive home study, are not peculiar to great cities. In a little Western town, a competition between two self-governing brigades for merit-points was determined by the amount of home study; looking back fifteen years, I can see that I was encouraging anæmic and over-ambitious children to rob themselves of play, sleep and vitality. Many a rural school violates more laws of health than any city factory. I never found in the slums of Glasgow, Dublin, London, Philadelphia or New York unsanitary conditions so revolting as I have seen on the grounds of American country schools.

The New York investigators carefully separated *significant facts* from *conclusions*, because the purpose of their study was not to bias opinion, but to encourage constant study of children's physical welfare. Most of their conclusions bear upon a constructive programme for local, county, State and national Departments of School Hygiene. School meals, as a remedy for physical defects, are opposed not because they would cost too much and not because they are Socialistic, but because they are inadequate. Even though free meals were adopted as a means of insuring

better discipline and more punctual attendance, the greater problem would remain untouched of stopping the manufacture of physical defects by home and school conditions. Some plan must be devised by which the school can help the child who suffers because of neglect or ignorance in the use of supposedly adequate income, as well as the child who suffers because of inadequate home income.

Whatever else is tried, the following steps are urged as indispensable; perhaps, after they are taken, there will be fewer reasons for free meals, free eye-glasses and free relief at school; if they are not taken, agitation for free meals and free eye-glasses, etc., will rapidly gain momentum. These steps constitute a programme that is immediately practicable in all States.

(1) A thorough physical examination of all children of all schools, public, parochial and private.

(2) Notification of parents and family physicians as to children's needs. That tens of thousands of records of defects piled up at health headquarters do not help children has been conclusively proved in New York.

(3) "Follow-up" notices with visits to inform and persuade parents to correct defects and to remove their causes. Of 631 examinations so followed up in one Manhattan district, all but 52 parents took the proper steps; 103 after the first notice from the Health Department, 165 after a first visit to the home, 106 after a second visit and 38 after a third visit.

(4) Enforcement of existing laws and securing proper authority, where this is now lacking, to compel obstinate parents to take necessary steps. Seldom will this force be required. Children themselves will prefer to comply with school requirements to being marked among their fellows for non-compliance. Mouth breathers do not want to be called "fly-catchers" and "dopes." Parents do not want to hold their children or other children back. Nor do they willingly sacrifice future earning power to present convenience or to prejudice.

(5) Periodic re-examination of school children during school life. The school authorities of New York City are now considering the adoption of an individual record card that will show side by side the physical and mental history of the child for eight years.

(6) Physical examination of children when applying for work

certificates. The children of Rochester, New York, are grateful to Dr. Goler for telling them how to increase their earning power by correcting physical defects or by avoiding dangerous trades for which they are physically unfit.

(7) Use of information gained regarding physical effects of bad living conditions to secure enforcement of health and tenement laws, restrictions of hours of labor, control of dangerous trades, prevention of child labor. The best possible index to any community's social and industrial problems is the physical welfare of its school children. Having read the index, the school should make its story known to everybody.

(8) School buildings and school curriculum should be so constructed and so managed that they cannot themselves either produce or aggravate physical defects.

(9) The effect of school environment and school requirements upon the child should be constantly studied. Teachers should be examined and re-examined for their vitality, which exercises an important influence upon that of the pupil.

(10) Hygiene should be so taught that children will learn their health rights and how to maintain them.

The execution of such a comprehensive programme requires some new mechanisms not hitherto known to the American school world. Because defects are as general as schools, a workable plan must provide for rural as well as city schools, for children in Alaska, Porto Rico and the Philippines, as well as for those of Boston, Cleveland and New York. If all children of all schools are to be benefited, the National Bureau of Education, all State and colonial departments of education, all county and city school headquarters, must organize departments of school hygiene. National and State departments should be equipped to compile and publish results of examinations, follow-up work, etc., in individual schools. County and city departments should not only compile and publish facts, but should gather them through examinations, follow-up work, supervision of school hygiene, etc. County and city departments must be "working biological engineers." State and National departments will be more effective if they confine themselves to the rôle of "consulting biological engineers." The pupil will be examined by a physician, and his mother taught by a nurse, belonging to or associated with a city, county or provincial department of school hygiene. The records

of both nurse and physician will help teachers and principals to take more intelligent personal interest in their pupils. The work of physician and nurse will be supervised and recorded by Department officers. Quarterly or annual reports will be sent to the State Department, which will stimulate uniformity up to a minimum standard of efficiency, as State Boards of Education now encourage a high percentage of attendance both by money grants *per capita* of attendance and by comparing schools of the same size. The State Department will send its results in summary to the National Bureau, which will send back to each State the best fruits of the experience of all States. Given such co-operative and cumulative attention to the physical welfare of the nation's school children, and many of our grave social and industrial problems would assume aspects less forbidding. Down below the question of child labor is the question of child vitality; more important than under-age is under-strength. Behind problems of pedagogics are problems of living and earning. Departments of school hygiene would harness 500,000 teachers, thousands of physicians and nurses and 20,000,000 children to the fact-making, fact-gathering and fact-recording staff now endeavoring to secure education that will fit the child for industry, for parenthood and for citizenship.

Much of the machinery necessary to this plan for efficient departments of school hygiene already exists. Local, county, State and National school headquarters are in the habit of asking questions and making suggestions concerning pupil, teacher and school work. County superintendents make the rounds, criticising and suggesting. District superintendents in cities do the same. All that is needed is to include *physical welfare* among the items to be critically noted. A step in the right direction has been taken by United States Commissioner Brown, who is asking Congress to grant funds to enable the National Bureau of Education to engage "a specialist in the welfare of children to diffuse information and spread a wholesome influence touching these things." State Commissioners are equipped to pass on this information. They do not need much additional help to send out circulars of instruction and inquiry. But an occasional examiner such as has been sent out by many State boards of health or of education is a poor substitute for a State department of school hygiene, always inquiring and always getting things done by city and county de-

partments. Nor does the Massachusetts law go far enough when it leaves it optional with school boards to have school children inspected. Having recognized that every child has a right to health, to breathe through the nose, to see without pain, to clean atmosphere, floors and grounds, the State should see that these health rights are enforced equally in all its schools. Where schools receive State money it is quite as fair to require assurance that health needs are provided for as to require forty days' attendance. It is for seeing that information is used by schools receiving State money, or receiving State protection, that additional employees are needed. In both State and county offices, clerical help is required to send out notices to parents and to keep track of results. From individual schools visits must be paid to dilatory, obstinate and uninformed parents. Where communities are not large enough to furnish special nurses and physicians, the county superintendent will be given a visiting nurse; with proper supervision it should be practicable to utilize local physicians for examinations where teachers acting under instructions cannot be expected to get trustworthy results. When such activities are recorded at county school headquarters, a new meaning will be given to county visiting and subjects not shopworn will be discussed at county institutes.

A city department of school hygiene has been organized in Cleveland; Chicago has a child-study bureau; Philadelphia and Boston are doing much for their children. But New York comes nearer to a comprehensive plan to-day than is found elsewhere in America. The chess men are on the board; they only need to be arranged so that pawns, knights, queens and kings are identified and placed. (1) General supervision of children's physical welfare is in the hands of a director of physical training who has several efficient aides. While the greater part of their attention has heretofore been given to gymnastics, breathing exercises, dances and games, they are expected to influence the hygiene practised at school, ventilation, etc. The special studies of backward children, of physiological age, have emphasized the need for curriculum and discipline fitted to physique. (2) School buildings are designed by an architect who is a student of ventilation, lighting, etc. The fact that his results are frequently not satisfactory to the physical directors and teachers does not decrease the importance of the fact that New York recognizes the necessity

of having experts on construction. (3) Physicians both examine children for defects and inspect for evidences of infection. (4) Nurses treat children for skin troubles, nits, etc., and go to the homes to teach parents how to care for children's heads, where to have adenoids removed, etc. (5) Health headquarters, principals and physicians send formal notices and informal messages to parents and family physicians urging attention to the child's troubles. Mothers' meetings are held and popular lectures given. (6) Individual record cards tell teacher and principal each child's particular needs. (7) A handbook shows what dispensaries, hospitals, reliefs and fresh-air agencies are within reach of each school. Physical training, proper instruction in hygiene, shower baths, swimming-pools, roof gardens, gymnasiums, athletic leagues, rifle-shooting contests—all of these things are found in some parts of New York.

New York has everything—but a plan! It has no co-ordinating factor to see that all children of all sections enjoy the minimum of health protection. It has not systematized the plan of following up notices and visits. Nor is there co-ordination of the many official and private agencies for promoting child welfare. But the community is so convinced by work already done that conditions are now ripe for a Department of School Hygiene. The head of this Department should be directly responsible to the Board of Education through the city superintendent, and should be in the superintendent's cabinet. He should have responsibility for using the information regarding non-contagious diseases and physical defects discovered at school, as well as contagious diseases for which children are not excluded, such as ringworm, pediculosis, etc. After the school and district physician has diagnosed, the school nurse, subject to orders of the Department of School Hygiene, should wash heads, give baths or teach mothers, according to the exigencies of the case. The Department should be responsible for keeping records of examination and re-examination on individual record cards that follow the child from class to class or school to school during school life. It should also be responsible for follow-up work, for inspection of buildings, for the hygiene practised and the hygiene taught in school, for criticisms of curriculum, building and grounds so far as these injuriously affect health, and for making effective use of knowledge gained by the Department. Health benefits should be equalized

by showing which sections are deprived of health rights. The sacrifice of child vitality should be prevented in kindergarten, high and normal schools, by honor pupils as well as the backward. Teachers' training schools should be especially supervised and future teachers trained to habits of health and to methods of teaching hygiene. The examinations and re-examinations could properly be left with the school and district inspectors of the Department of Health. Thus statements regarding the physical needs of the child would come to school officers with the prestige of the sanitary code behind them. An important change was made in Manhattan last fall whereby instead of having two physicians in one large district—one for contagious diseases in homes and another for schools—each physician is given a small district and expected to do all of the work in that district for both school and home. Experiment in a few districts recently proved that the physician comes to know his district intimately and becomes known by the people of that district. Because known to all school children, teachers, school and hospital officials, parents, etc., he may become a district character more important than a political leader. As a ward boss holds each leader responsible for a full vote on primary and election days, so the Health Department holds each school and district physician responsible for reducing physical defects and contagion.

To this programme for departments of school hygiene the chief obstacle is ignorance as to the need for them and as to the benefits they would bring. The cure for ignorance is information. Facts properly presented will also cure prejudice and prevent superficial judgment. Facts and facts alone—the true reading of experience—will settle right the controverted questions as to jurisdiction of health and education boards, interference with school discipline, increasing or decreasing the teacher's burdens, justice of taxing one man for the health of another's child. The massing of facts is easy for National, State and county headquarters for school knowledge. Therefore the importance of beginning at these headquarters the organization of special departments of school hygiene. A sufficient number of teachers have already found their burdens lightened and their energies freed by physical examination of children and by proper follow-up work to convince the teaching profession, if only the facts can be circulated as are the virtues of a new method of teaching penmanship.

Taxpayers, sceptical of money-saving devices that cost money, will listen to teachers' statements that for every dollar spent on a department of school hygiene ten to one hundred dollars can be saved by removing the defects that made it necessary to take children over the same work two or more times. To write a note to a parent, to telephone to a family physician, dispensary, relief society or fresh-air agency is demonstrably much cheaper than giving things away at school. It is cheaper for schools to have a department that will set to work in the interest of school children all the social agencies of a community, than to break down trying to do school work and that of hospitals, restaurants, stores. It is better to have prohibited the sale of impure milk anywhere within city limits than to sell pure milk to school children.

American cities are compelled to choose not between examination that costs a trifle and absolute neglect, but between examination *plus* follow-up work, on the one hand, and free relief at school, on the other; between teaching that removes the causes of defects and giving that neglects causal conditions. Free meals were made a political issue in the last parliamentary election in Great Britain. Already, America's greatest professional friend of the downtrodden has through his papers laid the foundation for a political agitation in favor of free meals, free eye-glasses, free patches of every kind. Labor in Britain was decoyed by talk of free meals. Labor in America will outvote Mr. Conservative when free meals are made a political issue, unless the laborer sees that the free meal remedy is the lesser of two benefits. When the issue is child welfare *versus* money, opposition to taxes will lose. Free meals cannot be stopped on economic grounds or by theoretical or hysterical opposition to paternalism. But, given the clear issue, permanent benefits to child *versus* palliative measures, and labor will choose as wisely as capital. European countries, whose free gifts are held up to us as models, have failed utterly to cope with their own industrial and social problems. They feed children, but they also feed able-bodied men and women. Behind every child who needs free meals is a home needing attention. For securing that attention, for enlisting the intelligence of the parent in efforts to rear children capable of self-help and sound living, for giving all communities a definite basis for constructive social work, efficient departments of school hygiene are requisite.

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